



American Life & Security Corp

Administrative Office

PO Box 717 * Frankfort, KY 40602-0717

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CONFIDENTIAL FINANCIAL QUESTIONNAIRE APPLICATION SUPPLEMENT

Please complete questions 1 thru 6 for personal insurance or questions 1 thru 11 if the insurance is for business purposes, then date and sign the questionnaire.

1. Proposed Insured: _____
First Name Middle Initial Last Name

	CURRENT FISCAL YEAR TO DATE	PREVIOUS FISCAL YEAR
	_____ thru _____	
A. Salary or Wages.....	\$ _____	\$ _____
B. Bonuses and/or Commissions.....	_____	_____
C. Net Business or Professional Income (i.e. Gross Income less Business Expenses, but before Personal Income Taxes).....	_____	_____
D. Other Earned Income (Give details in "Remarks" below).....	_____	_____
E. Unearned Income (Interest and dividends, net real estate income, etc. Give details in "Remarks" below).....	_____	_____
F. Spouse's Income.....	_____	_____
TOTAL:	\$ _____	\$ _____

3. What is your approximate Net Worth, i.e., assets minus liabilities?	Assets	\$ _____
	Liabilities	\$ _____
	Net Worth	\$ _____

4. Estimated Tax Liabilities at Death (Include potential Estate Taxes, Inheritance Taxes and Capital Gains Taxes, both Federal & State) \$ _____

5. If not covered on the application:

Amount of Insurance applied for with this company	\$ _____
Amount of Insurance applied for with other companies	\$ _____
Amount of Life Insurance already in force	\$ _____
Amount you intend to have in force	\$ _____

6. How was the need for this new amount of coverage determined?

Remarks (Questions 2 to 6): _____

CONFIDENTIAL FINANCIAL QUESTIONNAIRE APPLICATION SUPPLEMENT (continued)

7. Purpose of Business Insurance
 Key Executive Deferred Compensation Buy-Sell Agreement/Stock Repurchase

Is there a written Buy/Sell agreement in effect? (If yes, attach copy.) Yes No

Is there a Buy/Sell agreement contemplated? Yes No

Creditor: Name of Lender _____

Is insurance requested by lender? Yes No Coverage Amount required by Creditor: \$ _____

Type of loan? Line of Credit Mortgage Other (explain) _____

If line of Credit
 Amount of credit extended \$ _____
 Amount activated to date \$ _____ Duration of loan _____

If other than Line of Credit: Amount of loan \$ _____ Duration of loan _____

Purpose of loan: _____

Other Purposes – Explain: _____

(Use "Remarks" below for further details)

8. Are other Corporate Officers or Partners being insured? Yes No
 If Yes, give details. If No, explain: _____

9. What Percentage of the business do you own? _____ %

10. Estimated Fair Market Value _____ \$
 (In "Remarks," state how this value was determined)

11. Financial Details of Business:	CURRENT FISCAL YEAR TO DATE thru _____	PREVIOUS FISCAL YEAR
A. Total Assets.....	\$ _____	\$ _____
B. Total Liabilities.....	_____	_____
C. Gross Sales or Revenue.....	_____	_____
D. Net Income (before taxes).....	_____	_____

PLEASE SUBMIT A COPY OF THE MOST RECENT BALANCE SHEET AND INCOME STATEMENT (Year or Quarter).

Remarks (Questions 7 to11): _____

I understand that American Life & Security Corp. will rely on the above statements in determining the need and justification for the insurance applied for, and I represent that all answers are true and accurate statements to the best of my knowledge and belief as of the date of the application for life insurance. A photographic copy of this statement may be attached to and made part of any insurance contract issued:

Signature of Proposed Insured: _____ Date _____

Signature of Applicant: _____ Date _____

Witnessed by _____ Date _____